

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMAY20036710

Date In: 26/03/2020 17:47	Job description	Date & Time Completed	Done by
Ref No: N/A 711 7000 4528/4	SAS e-filing		
Veh No: SL 9999D	E-mail (w/tdn 3hrs, AIC 2hrs)		
D.O.A: 24/03/2020 08:30	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: XD 7245J

INC () / Non-INC ()

Owner / Driver: ()

Tel: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

N/A2002481

Clientant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/03/2020 17:47
Date Of Accident	24/03/2020 08:30
Exact Location Of Accident	ALONG LENTOR LEADING TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9999D
Insured/Policyholder	
Name Of Registered Owner	AIK HOE HENG CONSTRUCTION ENGINEERING WORKS
Co Reg No	3XXXX500M
Email Address	AIKHOEHENG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96686806
Alternative Phone No	OFFICE-63686806

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
--	-------------

Are you claiming under your own insurance policy for repair to your vehicle?	YES
--	-----

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003194
Cover Note Number	

Driver

Name of Driver	LOW YI HUI
NRIC No	SXXXX633A
Date Of Birth	20/02/1993
Occupation	INDOOR
Date Of Driving Pass	24/02/2012
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96686806
Fax Number	
Contact Number	OFFICE-63686806
Email Address	AIKHOEHENG@SINGNET.COM.SG

Address	BLK 745 WOODLANDS CIRCLE #08-750
Postcode	730745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SISTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200325/7022

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD7245J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL MUHAJIBIN BIN SURI
NRIC/Passport Number	SXXXX570A
Contact Number	81023698

Address:

Postcode:

Insurance Company Name:

Nature Of Damage:

No. Of Passenger (Including Driver):

DETAILS OF INJURED PERSON 1

Name:

LOW YI HUI

Approximate Age:

Injuries Sustain:

SLIGHT INJURY

Injured person in which vehicle?

SLL9999D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address:

Postcode:

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

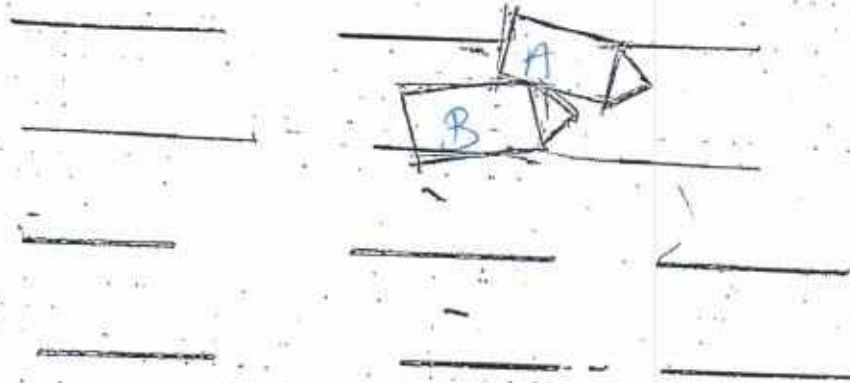
Reporting Centre Personnel's Signature
Name:
NIUC/FIN No.:

SKETCH PLAN

ALONG LAJUR CHADUNG TOWARDS CTR

A: SLL 9999D

B: XD7245J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. L/20200325/7022

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/03/2020

Kohli WA Hoo

MOTOR ACCIDENT REPORT FORM			
BASIC INFORMATION			
Date of Report:		Time:	
Date of Accident:	24/03	Time:	0830
Exact Location of Accident:	ALONG LENTOR LEADING TO CTE		
DETAILS OF OWN VEHICLE			
Vehicles Registration Number:	SLL 9999D	Contact No.:	6368 6806
Name of Registered Owner:	AIR HOE HENG CONSTRUCTION		
NRIC/Passport No./FIN:		Co. Reg. No. (for Co. Vehicle only):	32321506 M
Owner Address:	70 WOODLAND INDUSTRIAL PARK E9		
Owner Email Address:	aikhoeheng@singnet.com.sg		
Vehicle Particulars			
Manufacturer:	Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> BMW <input type="checkbox"/> Merc <input checked="" type="checkbox"/>	Model:	
Exact purpose for which vehicle was being used at the time of accident Normal Usage <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state)			
Are you claiming your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> No, Third Party <input checked="" type="checkbox"/>			
Vehicle Category: Private Car <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>			
Insurance Company			
Name of Insurance Company: INDIA INTERNATIONAL			
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>			
Fleet Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>		Policy/Cover Note Number:	
Driver			
Name of Driver: MS LOH YI HUI		NRIC/Passport No./FIN: S9370633A	
Date of Birth: 20/02/1993		Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 24/02/2012		Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
Mobile Phone No: 9668 6806		Fax No: Alternative Phone No:	
Address: AIR 745 WOODLANDS CIRCLE #08-750		(Postal Code: 730745)	
Email Address:		No. of Passenger (Including Driver): 02	
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		State relationship of driver with the Insured: CHILDREN	
Vehicle Registration Number of Driver's Own Vehicle (if applicable):		N/A	
Insurance Company of Driver's Own Vehicle (if applicable):		N/A	
Other Information of the Accident			
Type of Accident:	SIDE SWIPE		
Weather Conditions:	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (Please state condition):		
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state condition):		
Was any body injured in the accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was any other vehicle or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Audio <input type="checkbox"/>		
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which police station?:		
Was notice of Intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?:		
DETAILS OF OTHER VEHICLE/PROPERTY (Please fill Annex A if more vehicles involved)			
Vehicle Registration No:	XD 7245 J	Vehicle Make/Model/Colour:	
Foreign vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Vehicle Category: Private Car <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>	
Details of Property Damaged in Accident:		SURL	
Name of Driver:	ABDUL MUTTAHMIN BIN	NRIC/Passport Number:	S8738570A
Contact Number:	8102 3698	(Postal Code:)	
Address:		(Postal Code:)	
Insurance Company Name:		No. of Passenger (Including Driver):	
DETAILS OF WITNESS - Name:			
Details of Witness - Contact Number:		Details of Witness - Email Address:	
DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)			
Name:		Approximate Age:	
Address:		(Postal Code:)	
Injuries Sustained:		Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>		Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

*If no proper documents are produced, Hin Lung Workshop will not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



L/20200325/7022

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Report No. L/20200325/7022

Date/Time Report Made 25/03/2020 12:45	Vide Report No.	Station Diary No.
Name Of Informant LOW YI HUI	Address APT BLK 745 WOODLANDS CIRCLE #08-750 SINGAPORE 730745	
ID Type / ID No. NRIC NO / S9370633A	Contact No. Home/Office: Mobile: 96686806	
Nationality SINGAPORE CITIZEN	Email Address yihui.low@gmail.com	
Occupation Projects and Accounts Manager	Sex Female	Age 27
Institution/School Name	Date of Birth 20/02/1993	Race Chinese
Date/Time Of Incident 24/03/2020 08:35 - 24/03/2020 08:40	Location Of Incident LENTOR AVENUE	

Brief details.

On mentioned date & time I was driving along SLE in a direction towards CTE. The traffic flow was heavy and I was in the extreme LH lane. I checked my side mirror and there is enough space/gap for me change lane. I "ON" signal light and checked again before changing lane. I changed lane and already into the second lane from LH side. At this juncture vehicle "B" crashed against my vehicle. The impact to my car was on the RH mid section. After the collision we inspected our vehicles and took some pictures before leaving the scene. Later in the afternoon I felt discomfort and went to seek medical treatment. I was given 3 days medical leave.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 12:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Allwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X
64 Cecil Street | #04 | #03 | #06-02 | 10B Building | Singapore 049711
Office (65) 63476100 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MPC0003194

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SLL9999D
Chassis No : WDD1173422N097910
2. Name of Policyholder : AIK HOE HENG CONSTRUCTION ENGINEERING WORKS
3. Effective date of Insurance : 21 Jul 2019
4. Expiry date of Insurance : 20 Jul 2020
5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, speed-testing.
- c) Use for the carriage of goods other than samples in connection with any trade or business.
- d) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess Sect I (For Employees) : SGD600.00
Excess Sect I (For Non-Employees) : SGD1,100.00
Windscreen Excess : SGD100.00

Hire Purchase Company : Tokyo Century Leasing (Singapore) Pte Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE,
ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker : B000078/TAN INSURANCE BROKERS PTE LTD
Date of Issue : 18/06/2019 16:53:38
MX4 - Private Car (Company)

For India International Insurance Pte Ltd

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA4200 26710 Vehicle Registration No: SLG9999D
Name as shown in NRIC: LOW Yi Hui NRIC/FIN/Passport No: Sxxx633A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): 63686806 Mobile No.: 96686806
Email Address: _____
Date of Accident: 24/03/2020 Time of Accident: 08:30
Place of Accident: Along LINTOR LAMPAH To LTA
Insurance Company: INDIA INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

From THIRD PARTY To OWN DAMAGE CLAIMS

Policyholder / Driver's Signature
Date:

26/03/2020
Reporting Centre Personnel's Signature
Name: Resh Luthars
NRIC/FIN No.:
Date: